

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023095

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 5030

Registrar's No. 58

FILED JUL 2 1963

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio		c. CITY OR TOWN Tarkio	
Length of stay in 1b 8 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 mi. east of Tarkio		d. STREET ADDRESS (If outside, give location) 2 1/2 mi. east Tarkio	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Fred McDaniel		4. DATE OF DEATH Month Day Year Jun. 18 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1989
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY own farm	
13a. FATHER'S NAME Vernile McDaniel		13b. MOTHER'S MAIDEN NAME Catherine Centers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		17. INFORMANT Address Irvin Huffman Tarkio, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO (b) <i>Coronary atherosclerosis</i> DUE TO (c) <i>Arteriosclerotic cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 4/1/57 to 6/1/63 and last saw him alive on 6/1/63		22. SIGNATURE (Degree or title) <i>Dr. J. H. Schuler</i> 22b. ADDRESS Tarkio, Mo. 22c. DATE SIGNED 6/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/21/63	23c. NAME OF CEMETERY OR CREMATORY English Grove Cemetery	23d. LOCATION (City, town, or county) Fairfax, Mo.
24. FUNERAL DIRECTOR Davis Funeral Home		25. DATE RECD. BY LOCAL REG. June 29, 1963	
ADDRESS Tarkio, Mo.		26. REGISTRAR'S SIGNATURE <i>Marvin H. Schuler</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	DOCUMENT
1 0030		
2 0030		
3		
4 0		
5 2		
6		
7 0		
8 2		
9 4201		
10		
11		
12 90-0		
13 1-0		

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fruit A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.